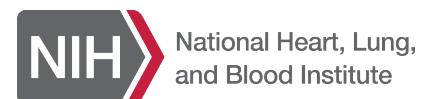


National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC)

Welcome to NAEPPCC Webinar

May 13, 2020

✓ Lines are muted to reduce background sounds

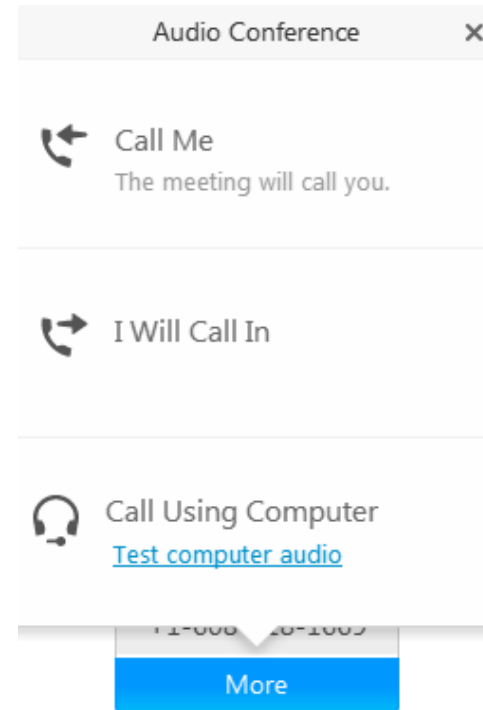


WebEx Logon

If you called in before logging on to the WebEx, your audio will be associated with a “call-in user #” and not your name.

Please hang up.

Then select “Call Me” or “I Will Call In” and follow the instructions.



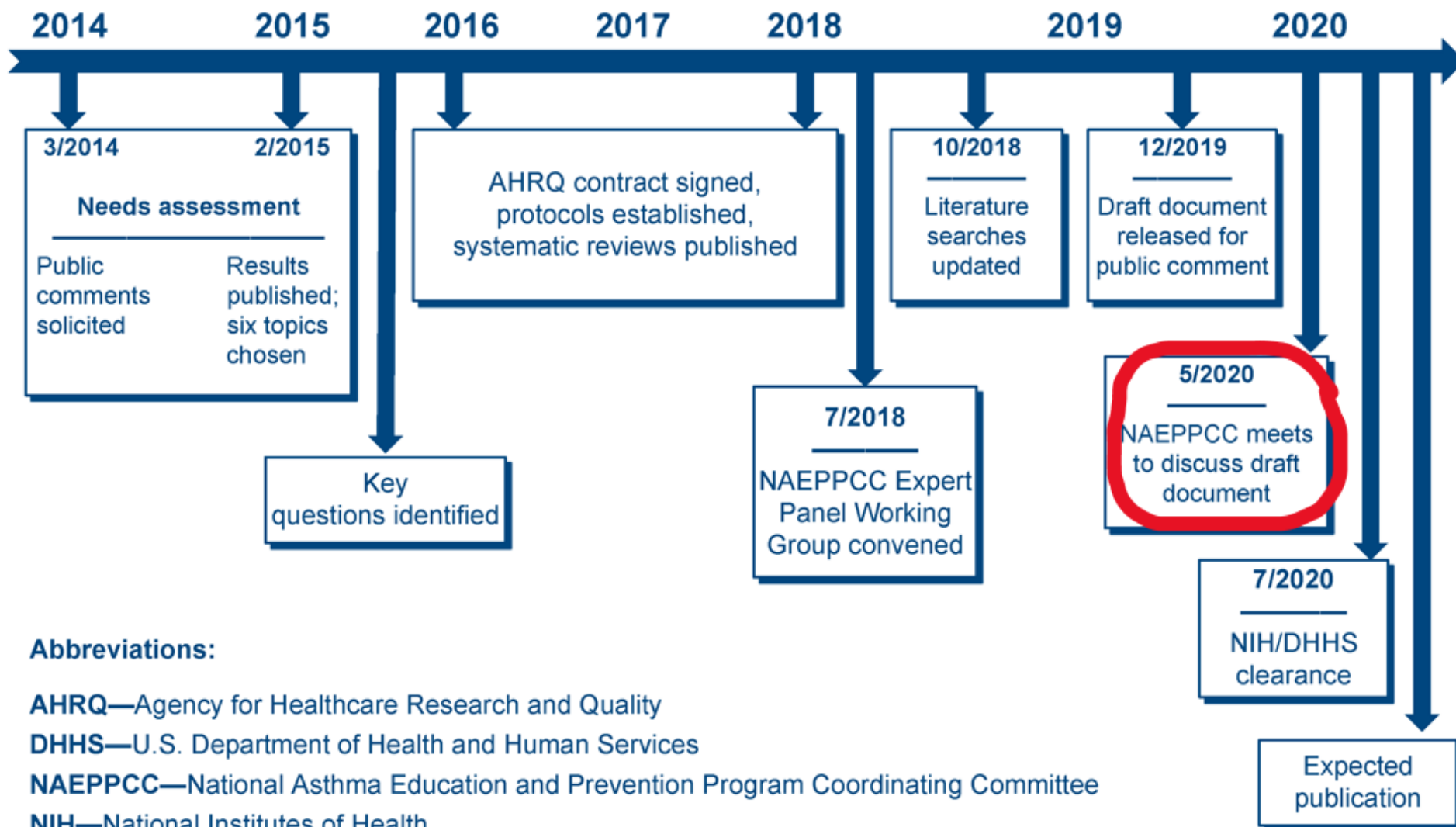
NAEPPCC Membership

Dr. J. Kofi Berko (HUD)
Ms. Sheila Brown (EPA)
Dr. Kurtis S. Elward (AAFP)
Dr. Anne M. Fitzpatrick
Dr. Lynn B Gerald
Dr. Fernando Holguin (ATS)
Dr. Joy Hsu (CDC)
Dr. Elliot Israel
Dr. Robert F. Lemanske
Mr. Kenneth Mendez (AAFA)
Dr. Giselle S. Mosnaim (AAAAI)
Dr. Gary S. Rachelefsky (AAP)
Dr. Lisa M. Wheatley (NIAID)
Dr. Juan P. Wisnivesky
Dr. Darryl C. Zeldin (NIEHS)

Meeting Agenda

12:00 – 12:10	Call to order and Welcome	Ms. Susan Shero, Dr. James Kiley, Dr. George Mensah
12:10 – 12:25	Overview of Public Comments	Dr. Michelle Cloutier
12:25 – 1:30	Discussion of Guidelines Update: Final Draft Report	Dr. Cloutier/CC/Attendees
1:30 – 1:45	NHLBI Communications Strategy	Dr. Lenora Johnson
1:45 – 1:50	Questions and Comments	Attendees
1:50 – 2:00	Closing Remarks	Drs. Kiley and Mensah

Timeline for Asthma Guidelines 2020 Update



Abbreviations:

AHRQ—Agency for Healthcare Research and Quality

DHHS—U.S. Department of Health and Human Services

NAEPPCC—National Asthma Education and Prevention Program Coordinating Committee

NIH—National Institutes of Health

Overview of Public Comments

Dr. Michelle Cloutier

Chair

NAEPPCC Expert Panel Working Group

Summary of Public Comments

- Public comment period: 12/2/2019 – 1/17/2020
- Comments were submitted online and via email
- Over 500 comments were received from:
 - Individuals including NAEPPCC members
 - Professional societies and associations
 - Public health/health care organizations
 - Non-profit organizations
 - Federal agencies
 - Pharmaceutical/ industry

Processes for Addressing Public Comments

- Every comment was categorized by content by Westat staff as to topic area and reviewed by the Expert Panel.
- Expert Panel members reviewed the comments on calls and webinars throughout January 2020 and recommended a disposition.
- Possible dispositions included: requires further discussion, revision in document recommended, change to recommendation made, outside scope of work, no change needed.
- The Expert Panel met in-person in February 2020 to further discuss and agree upon revisions and updates to the report.
- Changes to recommendations were formally voted upon in March 2020 and consensus was reached.
- No individual responses were sent to those who submitted comments.

Comments and Dispositions

Theme	Disposition
General Comments	
Need for more comprehensive update to EPR-3	Noted as a major gap in Introduction
Systematic reviews outdated	Emphasized in the report that data reviewed were through October 2018; added timeline
Differences from GINA guidelines not discussed	Other guidance documents were not considered in developing the recommendations
Need for clarity in recommendations; challenges understanding GRADE terminology	Wrote a Clinician's Summary in each Implementation Guidance section; strengthened GRADE background in Methods section
Comments about Gaps in Report	
<ul style="list-style-type: none"> - Use of biologics - Adherence, asthma control, asthma severity - CHWs, education tools, inhaler technique 	Emerging but out of scope per needs assessment; included in table of emerging areas; addressed biologics in Introduction and Step diagrams
Out of Scope Topics	
Fungal therapy, cognitive impact, dehumidifiers, outdoor & work triggers, panic disorder & SABAs	No changes made to report

Comments and Dispositions

Theme	Disposition
ICS Topic	
SMART off-label in US	No changes made to report but this was noted
Dosing information requested for SMART	Added information about dosing where supplied in studies
<p>Questions regarding two types of intermittent or as needed ICS treatment:</p> <ol style="list-style-type: none"> 1) Efficacy and safety of as-needed ICS-formoterol versus as-needed SABA in step 1 or steps 5/6 2) Efficacy and safety of as-needed ICS-formoterol versus low-dose ICS and as-needed SABA in step 2 	Not addressed by the Key Questions in this guideline update.

Comments and Dispositions

Theme	Disposition
LAMA Topic	
Concerns regarding apparent contradiction between Recommendations #14 and #15 as written (<i>i.e., recommend <u>against</u> adding LAMA to ICS vs. adding LABA to ICS; but recommend <u>for</u> adding LAMA to ICS vs. ICS alone</i>)	Grouped Recommendations #15 and #16 and Summary of Evidence together since closely related Revised Recommendation #15 to clarify that LAMA is recommended when LABA is unavailable or contraindicated
Why recommendations did not include use of LAMA in children ages 6-11 years	Systematic Review focused on evidence for ages 12+ only; included in list of Future Research Opportunities
Report did not reference RESPIMAT®	Added note that tiotropium bromide (RESPIMAT®) was the only formulation of LAMA with FDA approval for asthma at time of the report
Concerns that harm signal from one real-world study in African Americans (BELT Study) may be overstated	Provided additional detail in Rationale/Discussion and Implementation Guidance sections; indicated need for additional real-world studies in more diverse populations in Future Research Opportunities. Stressed the small benefit and harms of therapy

Comments and Dispositions

Theme	Disposition
Immunotherapy Topic	
FDA approved vs. non-FDA approved therapies (SLIT [tablets or drops] is not FDA-approved specifically for asthma)	No change was made to the recommendation; comment was added about limited evidence
Need to differentiate between SLIT tablets and SLIT drops	Clarified SLIT forms in the report; expanded on the use of tablets for concurrent comorbid conditions in Implementation Guidance
Comparisons to other guidance documents (e.g., approval of SLIT for a specific asthma phenotype by GINA)	Other guidance documents were not considered in developing the recommendations

Comments and Dispositions

Theme	Disposition
Allergen Mitigation Topic	
Scope is limited with focus on home allergens, particularly exclusion of environmental irritants and ETS	Acknowledged limited scope and important role of irritants in asthma exacerbations
Recommendations should be sensitive to inequities in access to care for allergy specialists and allergy testing	Revised recommendation language to indicate that history of symptoms upon allergen-specific exposure may be sufficient in lieu of testing
Lack of clarity about recommendation <i>against</i> mattress/pillow covers as a single intervention, but <i>for</i> mattress/pillow covers as part of a multi-component intervention	Refined recommendation to clarify language and expanded Implementation Guidance
Comments regarding terminology used (e.g. allergen reduction, mold removal, allergen sensitivity, pest control)	Revised terminology (e.g. allergen mitigation, mold mitigation, allergen sensitization, integrated pest management)

Comments and Dispositions

Theme	Disposition
FeNO Topic	
Use of FeNO in specific groups (e.g. atopic individuals and non-asthmatic conditions)	Revised Summary of Evidence statement to be more precise about the nature of evidence since non-atopic patients were included in many of the adult studies
Identifying Type 2 inflammation and role in selecting biologics	Out of scope for this update; noted as an important area for future research
Questions about studies evaluated for the diagnostic use of FeNO in children	No change was made to the recommendation; however, summary of evidence was revised for completeness
Use of FeNO for prediction of asthma in children	Indicated in Future Research Opportunities the need to define possible role of FeNO measurements in young children

Comments and Dispositions

Theme	Disposition
Bronchial Thermoplasty Topic	
Concerns regarding clarity of a recommendation <i>against</i> BT being accompanied by a statement about patient choice based on patient values	Moved statement about patient values to implementation guidance section to clarify the explanation

Discussion of Draft Report: NAEPPCC Advise NHLBI

- NAEPPCC comments and discussion – Dr. Cloutier and CC
- Comments from other attendees/public representatives - All
- Move to accept report – Dr. Kiley

Report Release Plans

Lenora Johnson, DrPH

Director,
Office of Science Policy Engagement, Education and
Communications

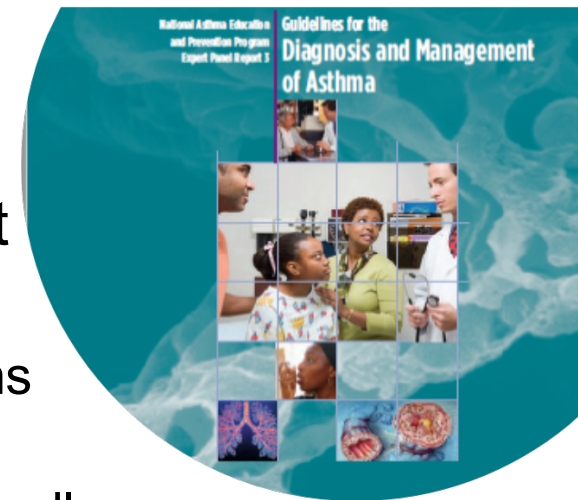
**National Heart, Lung, and Blood Institute's
NAEPPCC**

May 13, 2020

Update Report Communication Goals

To introduce, disseminate and encourage adoption of recommendations in the 2020 Focused Updates to the Asthma Management Guidelines by:

- Raising awareness about the recommendations outlined in the 2020 Focused Updates
- Engaging our partners and stakeholders to broadly disseminate the recommendations to asthma communities
 - Special focus on populations of greatest need



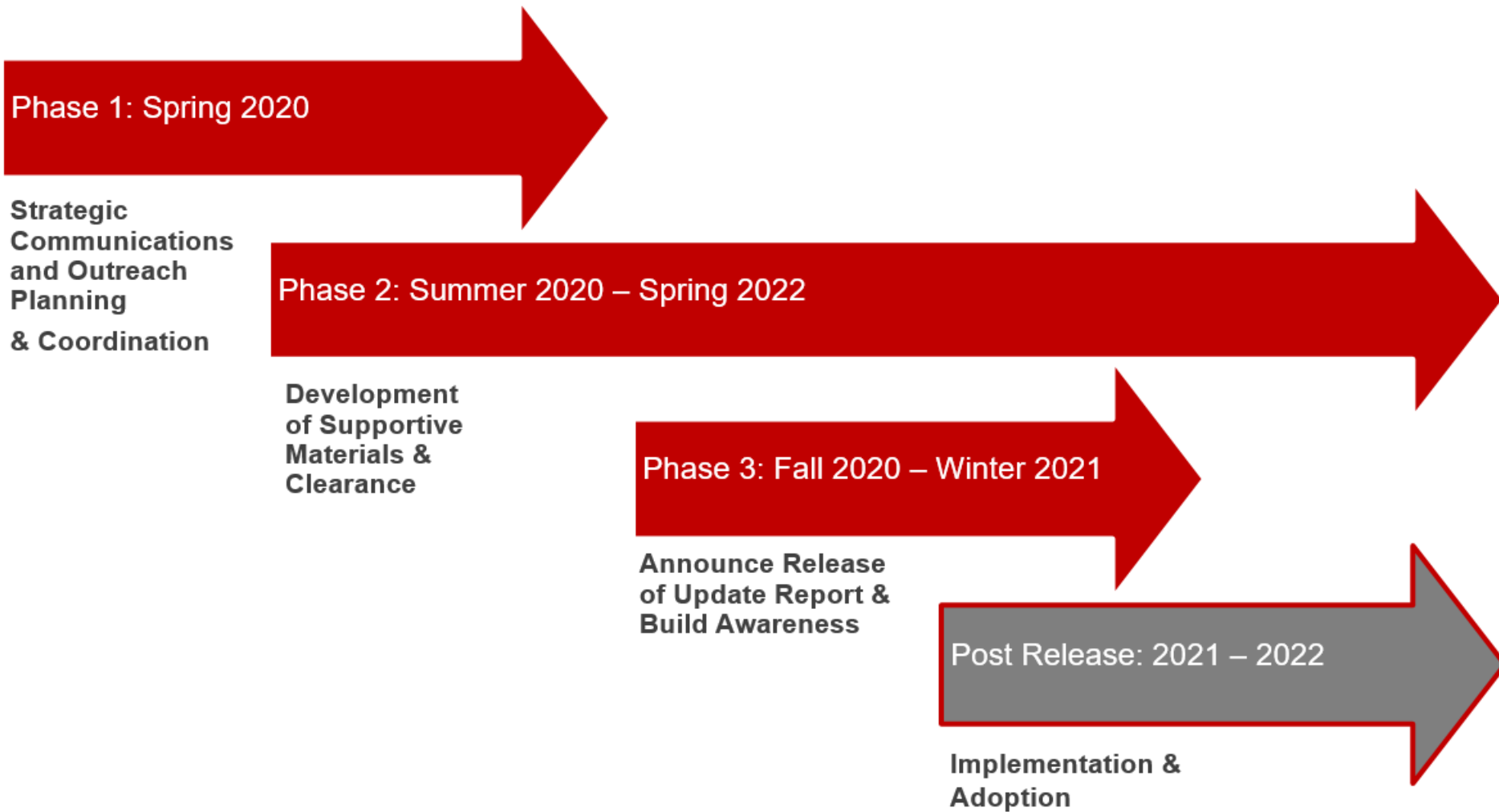
Communication Approaches

Planning to use a phased communication approach that:

- Focuses on specific needs of audiences
- Can be adjusted to consider current environment – more virtual communications channels
- Relies upon innovative collaborations and mutually beneficial partnerships to expand our reach
- Uses continuous reassessment and effectiveness of tactics/approaches



Guidelines Rollout: A Phased Approach



Major Activities by Phase



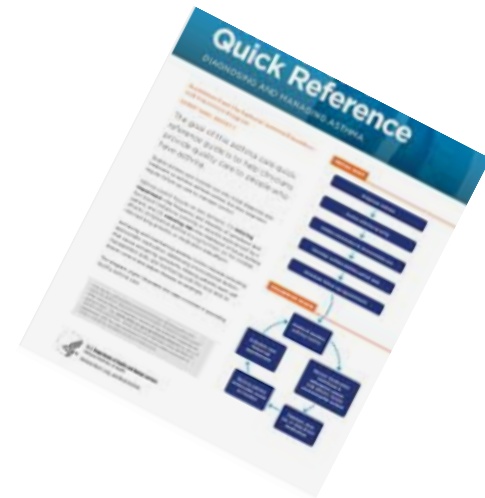
Phase 1: Strategic Communications and Outreach Planning & Coordination

- Developed a comprehensive communications plan
- Identified appropriate spokespeople for the report
- Create workflows and timelines
- Connect with AAAAI's journal (JACI) to develop coordinated Report release plans
- Ensure accessibility of the Report (online and print)
- Identify and develop complementary products that support understanding of Report

Major Milestones by Phase

Phase 2: Materials Development

- The following Report related supplementary products are under consideration:
 - Hard copy of JACI journal issue for those unable to access online
 - Summary/overview fact sheet highlighting key take-aways
 - A pull-out, stand-alone version of the Report's Step-Wise Chart
 - A quick reference guide for use in the clinical setting
 - Materials for partners and stakeholder dissemination needs (tool kit)
 - Including digital/social partner toolkit, sample social media posts/images/info cards/animations for sharing
 - Media related products (release)
 - Updated landing page on nhlbi.nih.gov
 - Work toward a digitally compliant version over time



Major Milestones by Phase

Phase 3: Announce Release of Update Report & Build Awareness

- NHLBI will:
 - Issue a media advisory
 - Hold telebriefing for stakeholders & media
 - Issue a news release in coordination with JACI
 - Release a digital/social partner toolkit
 - Launch updated landing page linking to Report
 - Push social media posts that build awareness



Post Release: Initial Thoughts to Encourage Implementation

Phase 4: Post-Release Phase

Distributed responsibilities for implementation activities beyond the Report release

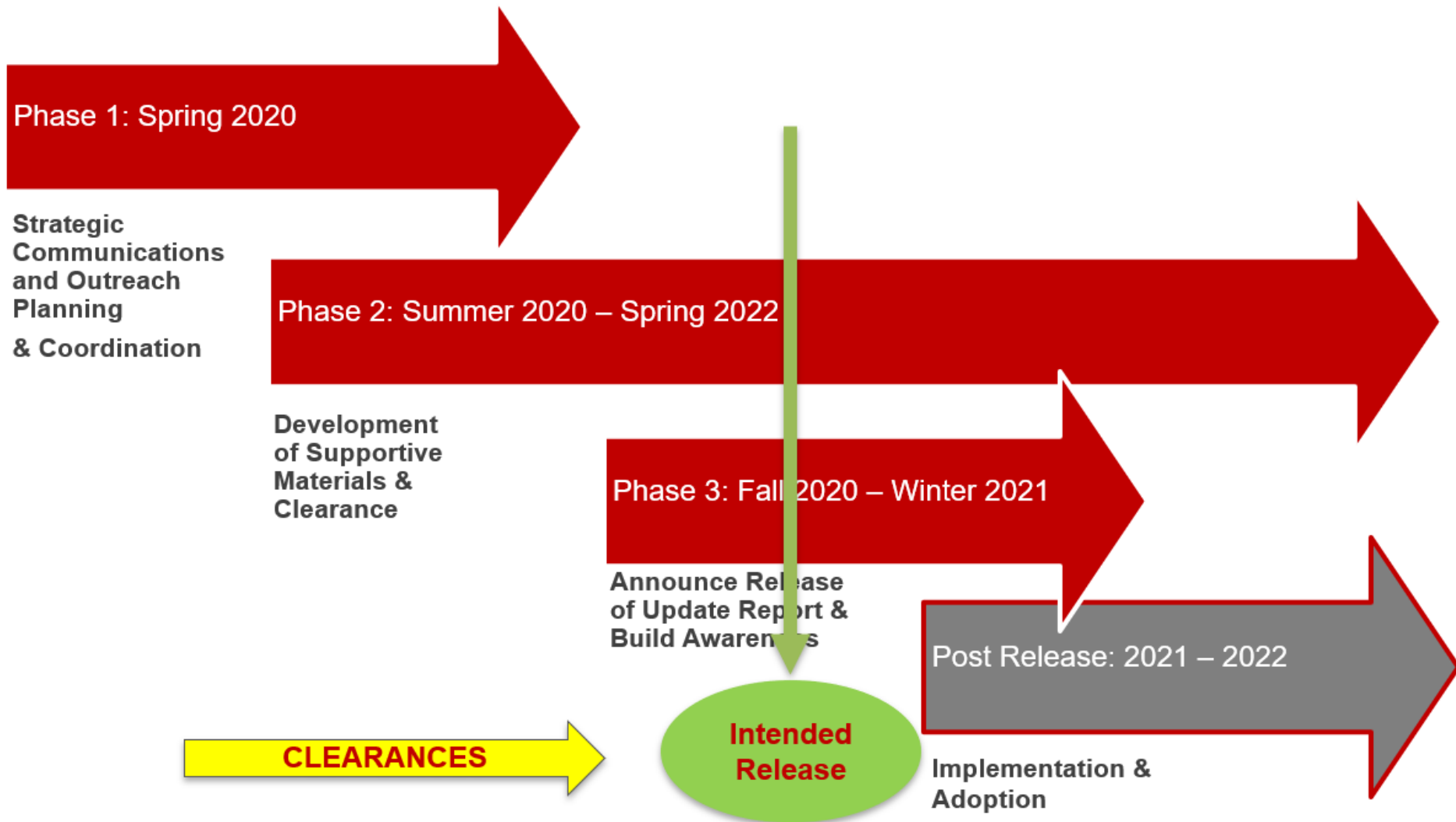
- Provider-focused presentation content
- Partner with CME offerors to co-produce professional education webinar
- Health Professional Toolkit content
- Video series/training tutorials
- Materials for dissemination at appropriate medical meetings and exhibit booths
- Consideration of Decision Support Tools development in 2021
- Asthma and Allergy Awareness opportunities in 2021



Assumptions

- Federal clearance process will proceed as expected
- NAEPP members (and other stakeholders) will also be supporting the release and implementation of the updates to the guidelines in ways aligned with their own constituents' needs

Guidelines Rollout: A Phased Approach



Questions, Thoughts, Inputs?



Thank you!

